REPOSSESSION APPLICATION

MV2117 5/2004 s.409.105(H) Wis. Stats.



Title No. - New License Plate No.

Amount Received, Document Number Check Cash

SUBMIT TO:

Fee \$35.00

Wisconsin Department of Transportation P.O. Box 7949, Madison, WI 53707-7949

Α	Instructions:	The Secured P	arty name and add	ress listed on	this form	must match	DMV i	ecords.
Vehicle Identification Nu	umber			Make	Veh	icle Year	В	ody Style
SECURED PARTY - Sec	REPOSSESSED FROM - Name and Address - Please Print							
Social Security # or Driver License # or (if company owned) FEIN # Area Code-Telephone # between 7:30 a.m. and 5 p.m.				Special Mailing -Name and Address - Please Print				
Date Repossessed		Security Agreement	 Date	Repossessed in State	OF:			Notice of Sale given to subordinate lienholders
provisions of the V when applicable.	Visconsin Uniform (See s.425.201 t that this vehicle I	n Commercial Co hrough 425.210)	ode, s.342.18(2) and 3	342.19(5), Wiscor	nsin Statute	es, and the W	isconsin	bove in compliance with the Consumer Act as amended cial Code and the Wisconsin
BUYER - Name and Add	lress - Please Print			dealer r	nust comp		it form N	ossessor, the buyer/ IV1, Application for
	EAGE STATEME	statement o transferee (l	• /	may result in fines and/o	or imprisonme	nt and may make y	ou liable fo	r damages to your
I, the repossessor, certify that to the best of my knowledge the information contained on this document is true and correct and that the ODOMETERNOWREADS (No Tenths): and to the best of my knowledge is actual mileage of this vehicle unless one of the following statements is checked.								
	The odometer reading reflects the amount of mileage in excess of its mechanical limits.							
		The odon	neter reading is NOT th	e actual mileage	- WARNING	GODOMETER	DISCR	EPANCY.
			dometer reading above eeds mechanical limit					
BRAND DISCLO	SURE STATEMI	ENT will be printe	ed on future titles. Che	eck all that apply.				
	Damaged s Taxicab	☐ Hail Da	maged s Police Vehicle	☐ Salvaç	ge Vehicle	9		
	(Print Name of Repossessor Signing Below)							
X				X				
(Signature of Buy	er)		(Date)	(Signature of	Repossessor	or Authorized Age	ent)	(Date)

REPOSSESSOR STATEMENT pursuant to s.421.201(5) Wis. Stats.

B Repossessor (If different from that shown in section "A")							
Name - Print							
Residence - County	State						
C Repossession (If vehicle repossessed outside Wisconsin)							
Repossessed in State of	Per Laws of State of						
Vehicle Location	Number of Days at Location Indicated						
I certify that:							
 As repossessor I was employed by the identified secured party i The person identified as "Repossessed From", section "A", who was a resident of Wisconsin at the time of execution of the secur the above identified vehicle from Wisconsin for a period in exces The information on this statement is true and correct to the best of m This statement is in support of a request for retitling the vehicle ident 	is incorporated by reference, rity agreement and removed as of 15 days; my knowledge;						

X

(Repossessor/Authorized Agent Signature)